

REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION

658, 659, 660, 661,
662, 663, 664

☒ Police
☐ City Attorney
☐ Bureau of Fire Prevention
☐ Health Department

DATE: 8/15/05
Return by: 8/25/05

CATERER:

NON-CATERER: X

APPLICANT: THE ALLEY, 1029 M STREET

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE: IMMEDIATELY
ADJACENT TO ALREADY LICENSED BEER GARDEN, 1029 M STREET

DATE (S) & TIME(S) OF EVENT : SEPTEMBER 3, 10, 17; OCTOBER 1, 8, 29; NOV. 12 2005; 8AM TO
12:59 PM EACH DATE

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

 APPROVED

CONDITIONS Approved 9/3/05 Event - Remainder pending
outcome of 1st Event.

☐ DENIED

REASON(S) FOR _____


Signature

8-17-05
Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: 8/29/05
(SDLRPT.JER)

* THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL OUTDOOR EVENTS *

SPECIAL DESIGNATED LICENSE APPLICATION
SUPPLEMENTAL FORM

658, 659, 660,
661, 662, 663,
664

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: Husker Football game

Applicant and Sponsoring Organization or Person (if applicable): ALLEY BAR, 1029 mst

Date of Event: 9/3 - 9/10 - 9/17 - 10/1 - 10/8 - 10/29 - 11/12 Time of Event: 8:00 AM - 12:59 am

Has the applicant applied for and received liquor liability insurance? ☐ Yes ☐ No

Number of persons expected to attend: 100 Number of persons under 21 expected: NA

Is the event open to the public? ☒ Yes ☒ No

How will you ensure that minors will not be served or consume beverages containing alcohol: ID at door.

Will food be served? ☒ Yes ☐ No

If yes, please list food to be served: Pizza "Sax"

Will non-alcoholic beverages be served: ☒ Yes ☐ No
If yes, please list non-alcoholic beverages to be served: Odouls

Please identify the beverages containing alcohol that will be served: ☐ Wine ☒ Beer ☒ Distilled Spirits

Will this be a cash or complimentary bar? ☒ Cash ☐ Complimentary

Who will serve the beverages containing alcohol? employees over 21

Have the designated servers received responsible beverage service training? ☒ Yes ☐ No

Will there be a charge for admission? ☒ Yes ☒ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No

If so, explain: _____

J. Hallid
Applicant's Signature

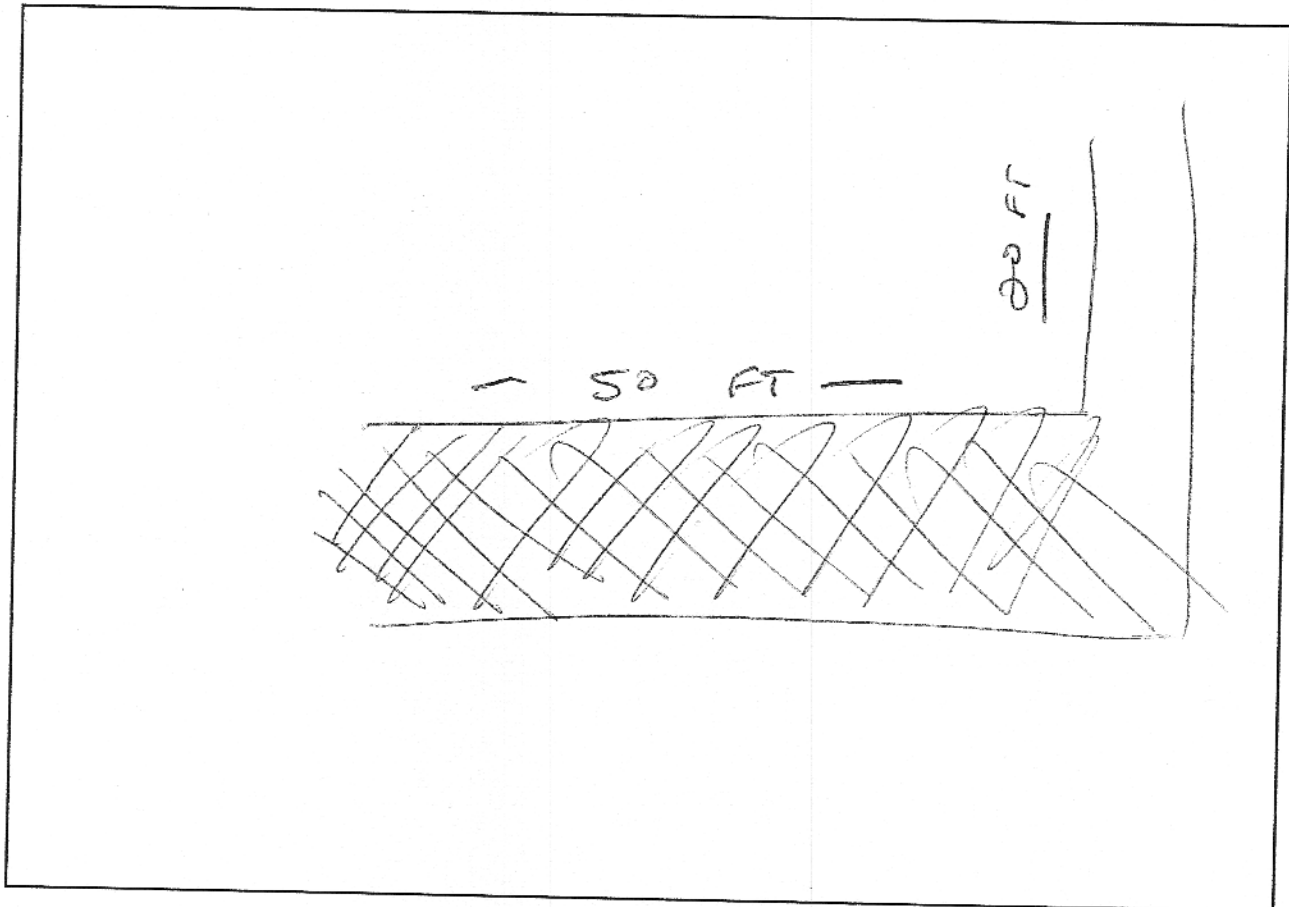
8/12/05
Date

THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL OUTDOOR EVENTS

SUPPLEMENTAL FORM FOR SITE PLAN INFORMATION

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: 3
(height & width) (32 x 7 FT)
2. Size & location of tent(s): NONE
(heights, width, depth) () x () x ()
3. Size of area being used:
(height & width) (50 x 20)
4. Location & type of cooking equipment (if used) Pizza oven
5. Location of tables & chairs: N/A
(If stage for band provided & dance area, show dimensions & site on drawing.)
6. Height & type of fencing to be used: 6 FT Chain Link
(height) (6 FT)



APPLICATION FOR SPECIAL DESIGNATED LICENSE

Submit to: City Clerk's Office
555 S. 10th Street, Lincoln, NE 68508
(402) 441-7436

PLEASE TYPE OR PRINT: APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

INSTRUCTIONS

- ☐ All Applications must be received in the City Clerk's Office **21 CALENDAR DAYS PRIOR** to the date of the event (the day of the event, is **not counted**)
- ☐ Complete and return the **ORIGINAL and THREE COPIES** to the City Clerk's Office
- ☐ **FEES:** If applicant does not have a liquor caterer's license, then a license fee of **\$40 is due** (per day) and **made payable to the Nebraska Liquor Control Commission** and a license fee of **\$80 is due** (per day) **payable to the City of Lincoln**
- ☐ **TWO SEPARATE CHECKS**
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1029 M. ST. Lincoln NE 68503

2. Name and Full Address of Applicant:
(City, State, County, Zip)

License number and Class
(Example C/K) →

C

3. Address or location of premises to be covered by license:
(City, County, Zip Code)

1029 M. ST. Lincoln NE 68503

4. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ Yes ☐ No

5. Name and Address of the owner or lessee and name of principal occupant of the premises for which the license is requested.

1029 M. ST. Lincoln NE 68503

6. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on Page 2.

JOSHUA HAUGTT 402-984-0711

7. Date(s) of Event: (If a Sunday, sales are limited to 12 noon to 1am the following Monday)

List Alternate Date or Location in the Event of Bad Weather:

9-3-05

8. Time(s) of Event: (Example 8am to 1am, is considered one day)

FROM: 8 A.M.

TO: 12:59 a.m.

9. Describe the Type of Activity to be carried on during the time period for which the license is requested.

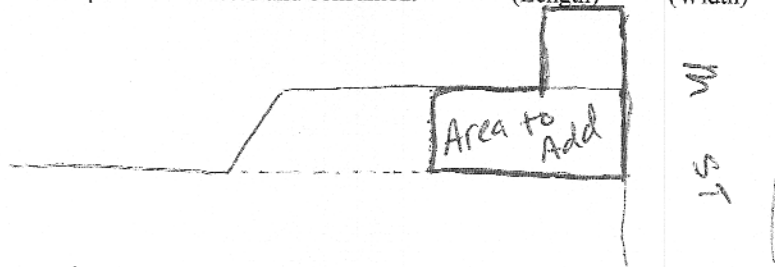
Husker Football Game

10. Provide an Estimated Number of Attendees at this Event 100. If the number of attendees is over 250, attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

11. List the Number of SDL's that you have applied for at this specific location in the last six months 0

12. Description of the Premises: ☒ Inside Building ☒ Outdoor Area → ☐ Attach City Supplemental Form

Dimensions of the area (in feet) to be covered by license: 50 x 20. Please draw in the space provided below, the area where liquors will be sold and consumed. (Length) (Width)



If outdoor area, how will premises be separated from areas open to the general public? ☒ Fence ☐ Tent ☐ Other
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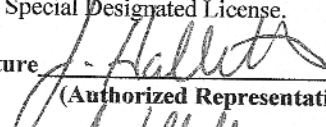
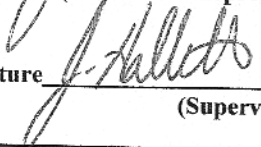
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17. Will the premises to be covered by the license comply with all Nebraska sanitation laws? ☒ Yes ☐ No

18. Are there separate toilets for both men and women? ☒ Yes ☐ No

19. Will there be any games of chance operating during the event? ☐ Yes ☒ No
Notice: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law. There are no exceptions for Non-Profit Organizations. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

20. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

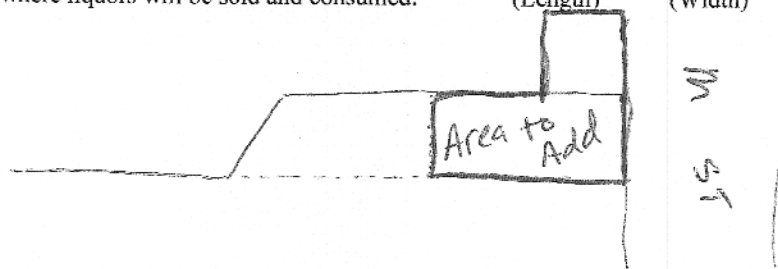
Signature 	Owner	8-13-05	984-0711
(Authorized Representative/Applicant)	(Title)	(Date)	(Phone)
Signature 	Owner/Manager	8-13-05	984-0711
(Supervisor)	(Title)	(Date)	(Phone)

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Signature J. Hall
(Authorized Representative/Applicant)

Owner
(Title)

8-13-05
(Date)

984-0711
(Phone)

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(Supervisor)

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(Title)

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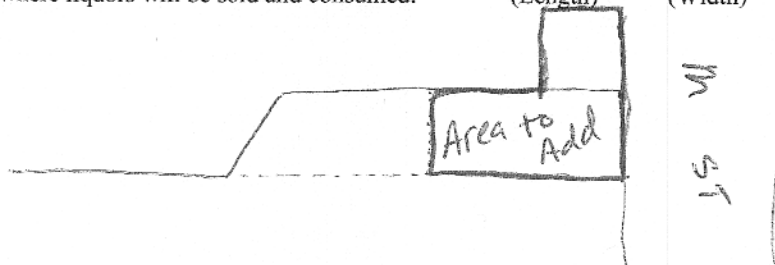
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(City, State, County, Zip) License number and Class (Example C/K) → C
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JOSHUA HAUETT 402-484-0711
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Signature J. Hallett
(Authorized Representative/Applicant)

Owner
(Title)

8-13-05
(Date)

984-0711
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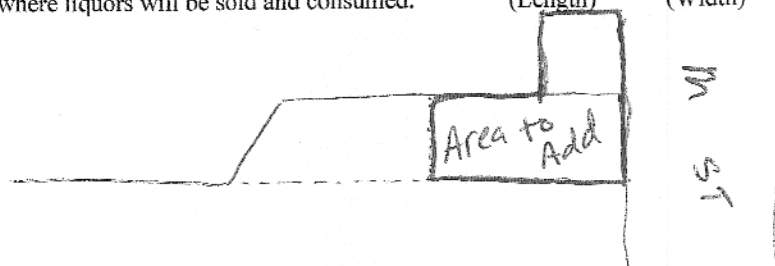
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(Title) (Date) (Phone)

Signature J. Hallitt
(Supervisor)

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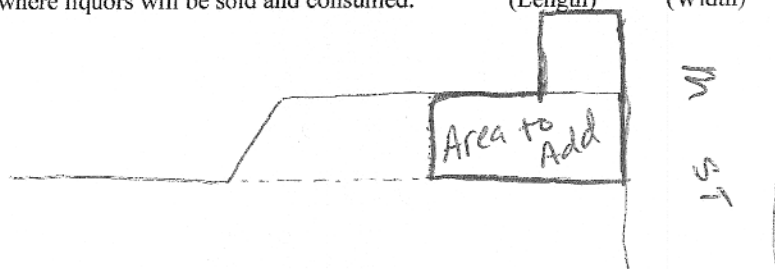
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18. Are there separate toilets for both men and women? ☒ Yes ☐ No

19. Will there be any games of chance operating during the event? ☐ Yes ☒ No

Notice: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non-Profit Organizations. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

20. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

Signature J. Hallett
(Authorized Representative/Applicant)

Owner
(Title)

8-13-05
(Date)

984-0711
(Phone)

Signature J. Hallett
(Supervisor)

Owner/Manager
(Title)

8-13-05
(Date)

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The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the City Clerk of Lincoln, Nebraska.

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APPLICATION FOR SPECIAL DESIGNATED LICENSE

Submit to: City Clerk's Office
555 S. 10th Street, Lincoln, NE 68508
(402) 441-7436

PLEASE TYPE OR PRINT: APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

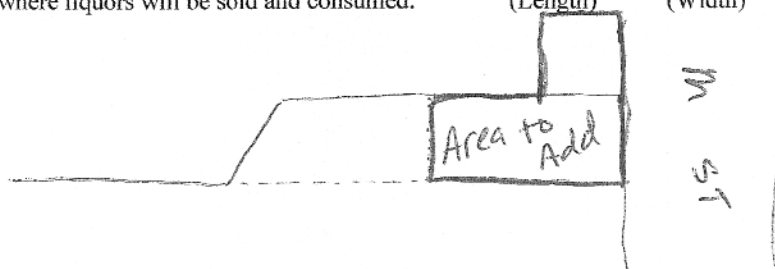
INSTRUCTIONS

- ☐ All Applications must be received in the City Clerk's Office **21 CALENDAR DAYS PRIOR** to the date of the event (the day of the event, is **not counted**)
- ☐ Complete and return the **ORIGINAL and THREE COPIES** to the City Clerk's Office
- ☐ **FEES:** If applicant does not have a liquor caterer's license, then a license fee of **\$40 is due** (per day) and **made payable to the Nebraska Liquor Control Commission** and a license fee of **\$80 is due** (per day) **payable to the City of Lincoln**
- ☐ **TWO SEPARATE CHECKS**
- ☐ **INDOOR EVENTS** for Special Designated Licenses are approved by the City Clerk
- ☐ **OUTDOOR EVENTS** for Special Designated Licenses may require City Council approval. Applicant is required to attend a public hearing if Council approval is required

1. Type of Beverage(s) to be served: ☒ Beer ☐ Wine ☒ Distilled Spirits
2. Name and Full Address of Applicant: 1029 M. ST. Lincoln NE 68503
(City, State, County, Zip) License number and Class (Example C/K) → C
3. Address or location of premises to be covered by license:
(City, County, Zip Code)
1029 M. ST. Lincoln NE 68503
4. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ Yes ☐ No
5. Name and Address of the owner or lessee and name of principal occupant of the premises for which the license is requested.
1029 M. ST. Lincoln NE 68503
6. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on Page 2.
Jessica Hallett 402-484-0711
7. Date(s) of Event: (If a Sunday, sales are limited to 12 noon to 1am the following Monday)
List Alternate Date or Location in the Event of Bad Weather: 10-29-05
8. Time(s) of Event: (Example 8am to 1am, is considered one day)
FROM: 8 A.m. TO: 12:59 a.m.
9. Describe the Type of Activity to be carried on during the time period for which the license is requested.
Husker Football Game
10. Provide an Estimated Number of Attendees at this Event 100. If the number of attendees is over 250, attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.
11. List the Number of SDL's that you have applied for at this specific location in the last six months 0

12. Description of the Premises: ☒ Inside Building ☒ Outdoor Area → ☐ Attach City Supplemental Form

Dimensions of the area (in feet) to be covered by license: 50 x 20. Please draw in the space provided below, the area where liquors will be sold and consumed. (Length) (Width)



If outdoor area, how will premises be separated from areas open to the general public? ☒ Fence ☐ Tent ☐ Other

If marked Fence, please describe the type:

If marked Other, please explain:

Outdoor Events require the City Supplemental Form to be attached.

13. Is the premises to be covered by the license located within the city limits? ☒ Yes ☐ No

14. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children? ☒ Yes ☐ No

15. Is the premises to be covered by the license within 300 feet of any university or college campus? ☐ Yes ☒ No

16. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

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(Title)

8-13-05
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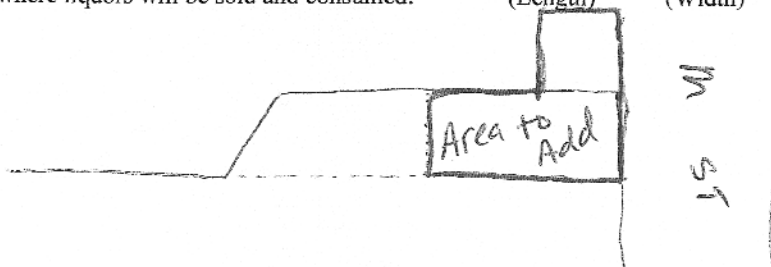
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JOSHUA HAUGETT 402-984-0711
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